

Practitioner's Docket No.: 1370.01

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jim Sowerwine)

Serial No.: 09/683,595)

Filed: 01/23/2002)

For: Golf Swing Practice Device)

Art Unit: 3711

Examiner: Alvin A. Hunter

Faxed to Technology Center 3700 at (703) 872-9302
Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

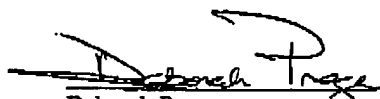
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Amendment B is being transmitted by facsimile to the United States Patent and Trademark Office, Technology Center 3700, Attn: Alvin A. Hunter at (703) 872-9302 on April 2, 2003.

Dated: April 2, 2003


Deborah Preza

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

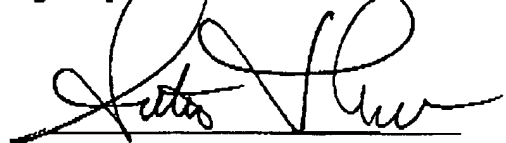
	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	12	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
 If any additional fee for claims is required, charge Deposit Account No. 500745.



SIGNATURE OF PRACTITIONER

Reg. No. 41,849
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(Amendment Transmittal—page 2)

8/16 (11/13)
4/7/03
[Signature]

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Dear Sir:

In response to the final Examiner's Action mailed on 03/20/03, the above-identified patent application is amended a second time as follows. Applicant has elected to present the amendment using the revised amendment format set forth in the waiver of 37 CFR 1.121.

AMENDMENT B**(37 C.F.R. § 1.111)**